

## HAWAII STATE ETHICS COMMISSION 1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470

email: ethics@hawaiiethics.org

THIS SPACE FOR OFFICE USE ONLY

RECEIVED

H79

:05 MAY -9 MO:31 UNIO

STATE OF HAWA!

## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

		Time Oleany)	·			
PARTI LOBBYIST			-			
NAME(Last)	(First)	(Middle)	TELEPHONE			
HAMASAKI	PETER	J.	529-7300			
MAILING ADDRESS (Street)			FAX			
500 Ala Moana Boul	524-8293					
(City)	(State)	(Zip	(Zip Code)			
Honolulu	н	96	96813			
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE			
McCORRISTON MILLER MUKAI MacKINNON LLP			529-7300			
MAILING ADDRESS (Street)			FAX			
500 Ala Moana Boulevard, Five Waterfront Plaza, Suite 400			524-8293			
(City)	(State)	(Zip	Code)			
Honolulu	HI	968	313			

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
UniDev, LLC	(310) 391-6440	
MAILING ADDRESS (Street)	FAX	
3415 S. Sepulveda Blvd., Suite 875		(310) 391–6671
(City)	(State)	(Zip Code)
Los Angeles	CA	90034
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
Jeff Minter		(310) 391-6440
MAILING ADDRESS (Street)		FAX
3415 . Sepulveda Blvd., Suite 875		(310) 391–6671
(City)	(State)	(Zip Code)
los Angeles,	CA	90034

PART III DESCRIPTION	OF SUBJECTS UPON WILLO	IVOUEVDE OF	TO 1 0000V			
PART III DESCRIPTION	OF SUBJECTS UPON WHICH	1 YOU EXPECT	TO LOBBA			
Agriculture	Education	Human Se	rvices		Science, Technology & Economic Developmen	
Communications & Public Utilities	Government Operations & Finance	Intergoverr Internation	nmental Relations, al Affairs		Tourism & Recreation	
Consumer Protection &	Hawaiian Affairs	Labor & Er	nployment		Transportation	
Culture, Arts, Historic	Health	Planning, Land & Water Use Management			Other: (indicate below)	
Ecology, Energy Environmental Protection	│ X│ Housing	Public Safety & Corrections				
PART IV CERTIFICATION	N OF LOBBYIST					
I hereby certify that the information furnished above is, to the best of my knowledge, correct and composition for the second of					•	
	(Cignatare of Ecopylist)		(1)	ato)		
PART V AUTHORIZATION	ON TO LOBBY					
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED					
Jeff Minter, Vice Pr	esident					
NAME OF ORGANIZATION (if ap	plicable)		TELE	PHON	E	
UniDev, LLC				(310) 391-6440		
MAILING ADDRESS (Street)			FAX			
3415 S. Sepulveda Bl	vd., Suite 875		(3:	LO) 3	91 <b>-</b> 6671	
(City)	(State)	A	(Zip Code)			
Los Angeles	CA	90034				
I hereby authorize the	above - named person to engag	ge in lobbying ac	tivities on behal	f of the	e undersigned.	
1/2/1	1	, ,			J	
/	ato		May	6, 2	005	
(Signature of Authorizing Officer or Person Represented)			(Date)			